

**TRUST BOARD**

**27 July 2017**

<b>AGENDA NUMBER</b>	<b>ITEM</b>	<b>7.4</b>
<b>TITLE OF PAPER</b>	<b>Annual WRES Submission 2017</b>	
Confidential	<b>NO</b>	
Suitable for public access	<b>YES</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
<p>This paper is to be discussed at Workforce and OD Committee on 26<sup>th</sup> July 2017 and the Board will be updated with any comments or amendments which result from this discussion verbally.</p>		
<b><u>STRATEGIC OBJECTIVE(S):</u></b>		
<b>Best outcomes</b>		- Improved staff and patient experience
<b>Excellent experience</b>		- Improved staff and patient experience
<b>Skilled &amp; motivated teams</b>		<p>To meet the following corporate aims:</p> <ul style="list-style-type: none"> <li>- Improve recruitment and retention</li> <li>- To have the right organisational culture.</li> <li>- A clear sense of citizenship and engagement.</li> <li>- Training and development and career pathways that get the best from people and teams.</li> </ul>
<b>Top productivity</b>		- Workforce equality is linked to increased organisational effectiveness
<b>EXECUTIVE SUMMARY</b>		
<p>The annual submission and publication of the WRES is a requirement of all NHS Trusts as part of the standard NHS Contract.</p> <p>The Board is asked to approve the data submission.</p>		
<b>RECOMMENDATION:</b>	The Board is asked to approve the data submission	
<b>SPECIFIC ISSUES CHECKLIST:</b>		
Quality and safety	- Workforce equality and diversity is linked to better patient outcomes in terms of safety and experience	
Patient impact	- Workforce equality and diversity is linked to better patient outcomes in	

	terms of safety and experience
Employee	- Working to create a fairer and more supportive culture will improve staff experience, wellbeing, morale & productivity
Other stakeholder	
Equality & diversity	- The report presents workforce equality and diversity data and suggests areas for improvement and action
Finance	
Legal	<p>This paper supports the Trust's work to meet its obligations under:</p> <ul style="list-style-type: none"> <li>• Equality Act 2010</li> <li>• Employment Rights Act 1996</li> <li>• Human Rights Act 1998</li> <li>• Health and Safety at Work etc Act 1974</li> <li>• Gender Recognition Act 2004</li> </ul>
Link to Board Assurance Framework Principle Risk	Submission is required under the NHS standard contract and forms part of the CQC's "well led" domain in the CQC's inspection programme
<b>AUTHOR</b>	Lucy Purdy, Assistant Director HR – Business Partnering
<b>PRESENTED BY</b>	Louise McKenzie, Director of Workforce Transformation
<b>DATE</b>	25 July 2017
<b>ACTION</b>	The Board is asked to approve the submission

## **1. Background**

The NHS Workforce Race Equality Standard (WRES) was introduced by NHS England and made available to the NHS from April 2015. The main purpose of the WRES is to help local, and national NHS organisations to review their data against the nine WRES indicators, to produce action plans to close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff, and to improve BME representation at the Board level of the organisation.

Since April 2015, the WRES has been included in the NHS standard contract for providers. The contract requires almost all providers of NHS services (other than primary care) to address the issue of workforce race inequality by implementing and using the WRES. From April 2016 onwards, progress on the WRES has been considered as part of the “well led” domain in the CQC’s inspection programme for all NHS trusts and independent healthcare providers contractually obliged to carry out the WRES.

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BME representation on Boards. The WRES highlights any differences between the experience and treatment of white staff and BME staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

The Trust Board is required to sign-off the WRES data and is asked to agree the associated WRES action plan.

## **2. WRES submission**

The WRES action plan, previously submitted to the Workforce and OD committee for discussion in May is at Appendix 1. The Trust’s 2017 WRES submission is attached at Appendix 2.

## **3. Recommendation**

The Board is asked to approve the 2017 WRES submission.

**APPENDIX 1 WRES ACTION PLAN 2017 – 2018**

Objective	Targets	Actions	Responsible	Accountable to
<p>Increase representation of BME staff at senior levels of the Trust and increase the relative likelihood of BME staff being appointed from shortlisting.</p>	<p>By April 2019, the relative likelihood of BME staff being appointed from shortlisting will be the same as for white staff</p> <p>By 2020, the demographic of our staff will be broadly representative of our local population at all levels of the Trust.</p>	<p>Provide support and opportunities for BME staff to progress internally by:</p> <ul style="list-style-type: none"> <li>• Ensuring that all acting opportunities are appointed via a formal process</li> <li>• Explore opportunities to work cross-organisationally with STP partners to create development opportunities specifically for BME staff including acting up, secondment, shadowing, mentoring and coaching.</li> </ul> <p>Remove institutional barriers to promotion and appointment of BME staff to senior positions by:</p> <ul style="list-style-type: none"> <li>• Mandating unconscious bias training for all recruiting managers.</li> <li>• Mandate an independent trained panellist to sit on all appointment panels for senior roles (e.g. at 8A/B or above).</li> <li>• Revise paperwork relating to recruitment activities to ensure that evidence presented by candidates is considered against the person specification. Ensure that recruitment packs include guidance on fair and non-discriminatory appointment practices.</li> </ul>	<p>Assistant Director of HR</p> <p>Assistant Director of HR</p> <p>Director of Workforce Transformation</p> <p>Director of Workforce Transformation</p> <p>Assistant Director of HR</p>	<p>The Board</p> <p>The Board</p> <p>The Board</p> <p>The Board</p> <p>The Board</p>

		<ul style="list-style-type: none"> <li>• Set a clear expectation with Divisional Leaders that we address disproportionate representation of BME staff at senior levels in order to deliver the targets outlined.</li> <li>• Include Divisional level data on race equality indicators on the dashboard and look for evidence of regular discussion at a divisional level regarding progress against this agenda.</li> </ul>	<p>Director of Workforce Transformation / Divisional Triumvirates</p> <p>Assistant Director of HR / Divisional Triumvirates</p>	<p>The Board</p> <p>The Board</p>
<p>Reduce the presence of bullying, harassment, abuse and discrimination in the workplace and remove any differential in the experience of these issues between staff of any demographic group.</p>	<p>By 2020 the Trust will be reporting staff survey results in the top quartile of Acute Trusts against questions relating to bullying, harassment, abuse and discrimination in the workplace and will have eliminated significant variation in results between demographic groups</p>	<ul style="list-style-type: none"> <li>• Convene a working group of HR, management, staff-side and BME / disability network reps to consider the issue of bullying, harassment, abuse and discrimination in the workplace and develop an action plan to address underlying issues</li> <li>• Support the BME staff network to increase in size and activity.</li> <li>• Support the development of a disability staff network</li> <li>• Designate a non-executive member to be responsible for workforce race and disability equality.</li> <li>• Review the content of the Trust's mandatory E&amp;D training to move from a focus on legal compliance towards a demonstration of the Trust's commitment to</li> </ul>	<p>Assistant Director of HR / Divisional Triumvirates</p> <p>Assistant Director of HR / Divisional Triumvirates</p> <p>Assistant Director of HR / Divisional Triumvirates</p> <p>Director of Workforce Transformation</p>	<p>The Board</p> <p>The Board</p> <p>The Board</p> <p>The Board</p> <p>The Board</p>

		inclusivity and diversity and clear expectation setting of expected behaviours.	Assistant Director of HR	
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# Unify2 Upload Template

## Workforce Race Equality Standards annual collection as at March-2017

**Organisation:**

RTK

Ashford and St. Peter's Hospitals NHS FT

**Validations**

# Unify2 Upload Template

## Workforce Race Equality Standards 2017/18 template

Organisation:

RTK

Ashford and St. Peter's Hospitals NHS FT

INDICATOR	DATA ITEM	MEASURE	31st MARCH 2016						31st MARCH 2017						Notes			
			WHITE		BME		ETHNICITY UNKNOWN/NULL		WHITE		BME		ETHNICITY UNKNOWN/NULL					
			Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures				
1	Percentage of staff in each of the AIC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	1a) Non Clinical workforce																
		1	Under Band 1	Headcount	0		0		0		0		0		0			
		2	Band 1	Headcount	71		73		67		76		76		0			
		3	Band 2	Headcount	171		24		2		169	166	28		2			
		4	Band 3	Headcount	170		30		2		173		29		0			
		5	Band 4	Headcount	155		31		2		145	142	28		3			
		6	Band 5	Headcount	91		26		0		86	85	31		27			
		7	Band 6	Headcount	38		13		1		37		17		2			
		8	Band 7	Headcount	42		6		2		39	38	7		8			
		9	Band 8A	Headcount	29		5		1		25		7		1			
		10	Band 8B	Headcount	23		0		0		25		1		0			
		11	Band 8C	Headcount	15		1		0		14		1		0			
		12	Band 8D	Headcount	8		0		0		9		0		1			
		13	Band 9	Headcount	1		0		0		1		0		0			
		14	VSM	Headcount	1		0		0		3		0		0			
				1b) Clinical workforce														
				of which Non Medical														
		15	Under Band 1	Headcount	0		0		0		0		0		0			
		16	Band 1	Headcount	3		0		0		5		2		0			
		17	Band 2	Headcount	199		160		5		207		160		4			
		18	Band 3	Headcount	124		77		3		138	137	75		1			
		19	Band 4	Headcount	81		12		3		67	68	8		1			
		20	Band 5	Headcount	368		287		10		378	376	291		11			
		21	Band 6	Headcount	299		130		4		291	286	128		127		2	1
		22	Band 7	Headcount	230		62		1		230	224	66		65		2	
		23	Band 8A	Headcount	60		11		1		64		16		1		2	
		24	Band 8B	Headcount	9		2		0		12	11	2		0			
		25	Band 8C	Headcount	5		0		0		5		0		0			
		26	Band 8D	Headcount	7		2		0		5		3		0			
		27	Band 9	Headcount	0		1		0		0		1		0			
		28	VSM	Headcount	3		1		0		3		1		0			
				Of which Medical & Dental														
		29	Consultants	Headcount	109		95		3		116		99		5			
30	of which Senior medical manager	Headcount		5		0				9		0						
31	Non-consultant career grade	Headcount	27		47		2		27		52		1					
32	Trainee grades	Headcount	128		124		21		100		104		15					
33	Other	Headcount	0		0		0		33		19		4					
2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants:	Headcount		1857		1355			2660		2096		22			
		35	Number appointed from shortlisting:	Headcount		311		153			475		235		13			
		36	Relative likelihood of shortlisting/appointed:	Auto calculated		0.1674744211		0.1129151292			0.1785714286		0.1126558006		0.5909090909			
37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff:	Auto calculated		1.48					1.59									
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	38	Number of staff in workforce:	Headcount		2476		1222			2452		1251		58			
		39	Number of staff entering the formal disciplinary process:	Headcount		31		12			25		13		3			
		40	Likelihood of staff entering the formal disciplinary process:	Auto calculated		0.0125201939		0.0096199673			0.0101957586		0.0103916867		0.0517241379			
41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff:	Auto calculated				0.76					1.02							



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INDICATOR	DATA ITEM	MEASURE	31st MARCH 2016			31st MARCH 2017			Notes		
			WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL			
4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce (White):	Headcount	2477	1222		2452	1251	58	We are currently analysing this data which will be added prior to submission
		43	Number of staff accessing non-mandatory training and CPD (White):	Headcount							
		44	Likelihood of staff accessing non-mandatory training and CPD:	Auto calculated	0.000000000	0.000000000		0.000000000	0.000000000	0.000000000	
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff:	Auto calculated							
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	46	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage	27.40%	24.02%		25.41%	26.74%		
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	47	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	30.74%	25.55%		20.96%	28.87%		
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	48	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage	87.56%	77.56%		89.58%	78.91%		
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	49	% staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	7.98%	11.39%		5.87%	12.77%		
9	Percentage difference between the organisations' Board voting membership and its overall workforce Main: Executive members of the Board	50	Total Board members	Headcount	11	2		14	1		
		51	of which: Voting Board members	Headcount	11	2		12	1		
		52	: Non Voting Board members	Autocalculated	0	0	0	2	0	0	
		53	Total Board members	Headcount	11	2		14	1		
		54	of which: Exec Board members	Headcount	6	1		6	1		
		55	: Non Executive Board members	Autocalculated	5	1	0	8	0	0	
		56	Number of staff in overall workforce	Headcount	2477	1222		2452	1251	58	
		57	Total Board members - % by Ethnicity	Auto calculated	84.6%	15.4%	0.0%	93.3%	6.7%	0.0%	
		58	Voting Board Member - % by Ethnicity	Auto calculated	84.6%	15.4%	0.0%	92.3%	7.7%	0.0%	
		59	Non Voting Board Member - % by Ethnicity	Auto calculated				100.0%	0.0%	0.0%	
		60	Executive Board Member - % by Ethnicity	Auto calculated	85.7%	14.3%	0.0%	85.7%	14.3%	0.0%	
		61	Non Executive Board Member - % by Ethnicity	Auto calculated	83.3%	16.7%	0.0%	100.0%	0.0%	0.0%	
		62	Overall workforce - % by Ethnicity	Auto calculated	67.0%	33.0%	0.0%	65.2%	33.3%	1.5%	
63	Difference (Total Board -Overall workforce)	Auto calculated	17.7%	-17.7%	0.0%	28.1%	-26.6%	-1.5%			

Backsheet

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